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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/514642

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	<u>201/101</u>						<u>680</u>
Total Claims >20	<u>203/103</u>	<u>42</u>	<u>20</u>	<u>22</u>	X		<u>396</u>
Independent Claims >3	<u>202/102</u>	<u>5</u>	<u>3</u>	<u>2</u>	X		<u>186</u>
Multi. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						<u>130/65</u>
English Translation	<u>159</u>						

TOTAL FEE CALCULATION

1372

Fees due upon filing the application.

Total Filing Fees Due = \$ 1372

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 1372

SMC
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/514642

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	42	minus 20 = 22
INDEPENDENT CLAIMS	16	minus 3 = 13
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	396
X78=	136
+260=	
TOTAL	1242

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	42	22	20
Independent	16	3	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	36
X78=	136
+260=	
TOTAL ADDIT. FEE	1242

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.